



37A

BLIND

Exemption Information Form

Fiscal Year 2003 (July 1, 2002 — June 30, 2003)

CITY OF BOSTON ASSESSING DEPARTMENT

M. G. L. CHAPTER 59, § 5 Clause 37A

IDENTIFICATION

1. Ward and Parcel # _____
2. Name _____
3. Street Address of Property upon which exemption is claimed:

4. Zip Code _____ 5. Property Class _____ 6. Telephone No. (Day) () _____
7. **Social Security Number** _____ **(Required for Refund)**

STATUS

8. Indicate status: **As of July 1, 2002**, were you legally blind ? _____ Yes _____ No
9. Are you at present registered with the Massachusetts Commission for the Blind?
_____ Yes _____ No

If YES, provide: Certificate Number _____

Date registered ____/____/____ **(Attach Copy of Certificate)**

If NO, please attach a letter from your physician indicating status prior to July 1, 2002.

ELIGIBILITY INFORMATION

10. **As of July 1, 2002**, did you own and occupy the above property as your principal residence ?
_____ Yes _____ No

SIGN HERE

11. I have read this return. Under the pains and penalties of perjury, **I declare that to the best of my knowledge and belief, this return is true, correct and complete.**

Your Signature

____/____/____
Date

Mail Return To: ASSESSING DEPARTMENT, Room 301, Boston City Hall, Boston, MA 02201

For those filing before the Third Quarter Tax bill is issued: If your application is received timely and approved, the exemption should appear on your Fiscal Year third quarter tax bill.

For those filing after the third quarter tax bill is issued: If this exemption does not appear on the third quarter tax bill, you have 3 months from the mailing date of the third quarter tax bill to file. If the application is filed timely and approved, the exemption will be credited on the Fiscal Year fourth quarter tax bill.